



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
8 Fourth St. E, SUITE 200
ST. PAUL, MINNESOTA 55101-1024

ELEVATING DEVICE PERMIT APPLICATION

Visit our Web Site at www.stpaul.gov/dsi

Section I - INFORMATIONAL

Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Suite/Apt.	Building Name	Date
PROJECT ADDRESS						
Contractor (Include Contact Person)			Address City State, Zip+4 (Permit will be mailed to the Contractor's Address)			Phone
Property Owner (Include Contact Person)			Address City State, Zip+4			Phone
New <input type="checkbox"/>	Repair <input type="checkbox"/>	Modernization <input type="checkbox"/>	Estimated Start Date		ESTIMATED VALUE OF WORK	
Commercial <input type="checkbox"/>	Residential Enter Number of Dwelling Units <input type="text"/>	Estimated Completion Date				

Section II Scope of Work (See Back of Form for fee schedule.)

Unit Data Circle to Indicate	Passenger	Freight	Escalator / Moving Walk	Accessibility Lift**	Limited Use Limited Access	Material Lift	Dumbwaiter	Other:			
Manufacturer Number	Manufacturer Make		Capacity (Pounds)	Speed FPM	Car Weight (pounds)	Description of Car Enclosure	Number of Entrances				
Door Type	Center Opening	Side Slide	Two Speed Side Slide	Two Speed Center Opening	Bi-Parting	Power Operated Bi-Parting	Swing	Other			
Class of Loading	A	B	C1	C2	C3	Safety Device Type	A	B	C	Broken Rope	Net Inside Platform Area Square Feet:
Equipment Data Circle to Indicate	Elevator/ Lift Type	Traction	Hydraulic	Roped Hydraulic	Gearless	Drum	Other:				
Machine Sheave Size (Inches)	Motor HP	Operating Pressure PSI		Normal	Full	Relief	Governor Type	Flyball	Centrifugal		
Hoistway Data Circle to Indicate	Number of Floors	Number of Openings	Travel	Feet	Inches	Hoist Ropes	Quantity	Size (inches)	Governor Rope	Size	
	Piston Diameter (inches)	Type of Buffer	Oil	Spring	Solid	Gas Spring Return	City Number of Unit: <input type="text"/>				
Guide Rails Type/Weight	Car	Counterweight		(Enter # for Repair / Modernization Permit -Leave Blank for New)							
Would you like your permit faxed to you? If Yes, enter your fax # below						Inspector's Approval:					
Fax # with Area Code : () -						Permit Number : (Office Use Only)					
Brief Description of Job, Location in Building, Floor, and Other Comments:						SUMMARY OF FEES					
						Permit Fee (see back of form)		\$			
						State Surcharge (Minimum 50 ¢)		\$			
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be compiled within performing the work for which this permit is issued.						Total Permit Fee		\$			
Applicant's Signature (Master Elevator Constructor License Holder)											
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa						Month /Year					
Enter Account Number											

Signature of Cardholder: _____

**If you are paying for your permit by *American Express, Discover, MasterCard or Visa*,
you may fax your application.
The credit card information section must be filled in and signed.
Our FAX number is 651-266-9124. If paying by check, please mail application and check to us.**

Effective 01/01/2004

INSTRUCTIONS FOR FEE CALCULATION

New construction, repairs and modernization of existing devices:

One and one-half percent of (.015 times) the total valuation of the work with a minimum fee of \$103.00.

The State surcharge is based on the valuation of the job:

\$1.00 to \$1000.00 is a 50¢ surcharge.

\$1001.00 and up is .0005 times the value of the job.

ALL WORK MUST COMPLY WITH THE LATEST ADDITION OF A18.1, A17.1, A17.3 AND THE MINNESOTA STATE CODE SECTIONS 1307 AND 1341.

**** Limited Use / Limited Access or Accessibility Lift ****

**Prior approval is required for installation.
Contact the Elevator Inspector between 7:30- 9:00 a.m. at 651-266-9010.**

**If you have any questions, please call the field inspector, 651-266-9010. Field Inspectors
Office Hours are 7:30 to 9:00 a.m., Monday through Friday.**

Permit Fee Information: 651-266-9090.

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